

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3		2					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		2					58								
9		2					59								
10		2					60								
11		2					61								
12		2					62								
13		1					63								
14		1					64								
15		1					65								
16		1					66								
17		2					67								
18	1						68								
19		1					69								
20		1					70								
21		1					71								
22							72								
23							73								
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39							89								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	26						TOTAL DEP.								
TOTAL CLAIMS	29						TOTAL CLAIMS								